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CONFIRMATION NO. 7273

Bib Data Sheet

|                             |  |              |                        |                                      |
|-----------------------------|--|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/518,924 | FILING OR 371(c)<br>DATE<br>12/23/2004<br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1654 | ATTORNEY<br>DOCKET NO.<br>MERCK-2955 |
|-----------------------------|--|--------------|------------------------|--------------------------------------|

**APPLICANTS**

Hiltrud Lindenblatt, Egelsbach, GERMANY;  
 Hans-Peter Zobel, Florsheim, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/05224 05/19/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 102 28 049.5 06/24/2002

|                                 |  |                             |                     |                    |                         |
|---------------------------------|--|-----------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>GERMANY | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>13 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br><i>Christine M. Bradley</i> <i>CRB</i><br>Examiner's Signature Initials |                             |                     |                    |                         |

**ADDRESS**

23599

**TITLE**

Aqueous preparation containing oligopeptides and etherified cyclodextrin

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|----------------------------|---|---|
| FILING FEE RECEIVED<br>950 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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